File the original with:

Request for Cancellation of Certificate

252304 252305 Mail or fax a copy to:

Clerk's Office Notor Carrier Matters O.O. Box 11649 Columbia, S.C. 29211 803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 8-31-14	
lease consider this a request to cancel my:	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	1998-358-T
Non-Emergency Certificate	1998-358-T 2014-365-TECHIVED
Class E Household Goods Certificate	5 U. Z014
Class E Hazardous Wastes Certificate	PSC SC
My Certificate Number is <u>රය38</u>	MAIL / DMs
Albert D. Price DE (Name of Company)	(If applicable)
928 Dandridge Rd (Street Address)	(Mailing Address if different from Street Address)
Walterhoso SC 29488 (City, State, Zip Code)	(City, State, Zip Code)
8 43 ~ 538-,2647 (Telephone Number)	
(r araphone Number)	allet Pine
	(Signature)
	Oaner (Title) Owner Braider
	(Title) Owner, President, etc.